

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90449 026 ***150.00

DOCUMENT # L29821

1. Entity Name
ARROW PUBLISHING, INC.

Principal Place of Business Mailing Address
46 SW RIVERWAY BLVD **P O BOX 620**
PALM CITY FL 34990 **PALM CITY FL 34991**
US **US**

2. Principal Place of Business 3. Mailing Address
828 PALM CITY RD **828 PALM CITY RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
STUART, FL. **STUART, FL.**
 Zip Country Zip Country
34994 **MARTIN** **34994** **MARTIN**

4. FEI Number Applied For
65-0159782 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPEARS, DORIS H
46 SW RIVERWAY BLVD
PALM CITY FL 34990

7. Name and Address of New Registered Agent
 Name **DORIS H. SPEARS**
 Street Address (P.O. Box Number is Not Acceptable)
828 PALM CITY RD
 City State Zip Code
STUART **FL** **34994**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Doris H. Spears* **DORIS H. SPEARS** **4-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CEO SPEARS, DORIS H. 46 SW RIVERWAY BLVD PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SPEARS, RICHARD A. 46 SW RIVERWAY BLVD PALM CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP SPEARS, MARK D 1798 SW CABIN PLACE PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRES. DORIS H. SPEARS 828 PALM CITY RD. STUART, FL. 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CEO RICHARD A. SPEARS 828 PALM CITY RD. STUART, FL. 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Doris H. Spears* **DORIS H. SPEARS** **4-27-01** **581-283-9366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/00)